# **MALAYSIAN STUDENTS APPLICATION FORM**

STUDENT	NUMBER (Fo	r office use)





**PHOTO** 

university of achievers	college of	achiever	s	1сору
NAME OF APPLICANT				
INTAKE Month	Month		Year	
PREFERRED LOCATION	☐ Damansara Heights Campus		☐ Subang Bestari Campus	
Please tick(√) programme(s) applying	for			
HELP ACADEMY (HA)	101.			
DEPARTMENT OF MANAGEMENT STUDIES				
Certificate in Business Managemen HELP UNIVERSITY (HU)				
FACULTY OF UNIVERSITY FOUNDATION ST  Foundation in Arts  Foundation in Science	TUDIES	☐ Bachelor of	<b>W AND GOVERNMENT</b> f Laws (Honours) Transfer Programme (Lav	w)
FACULTY OF COMMUNICATION, MEDIA AND CREATIVE INDUSTRIES  Diploma in Communication  Bachelor in Communication (Media Studies)(Hons)  Bachelor of Communication (Marketing Communication) (Hons)  Bachelor of Communication (Public Relations)(Hons)		FACULTY OF COMPUTING AND DIGITAL TECHNOLOGY  Diploma in Information Technology  Bachelor of Information Technology (Honours)  Bachelor in Information Technology (Data Analytics) (Honours)  Bachelor of Computer Science (Honours)		
FACULTY OF BUSINESS, ECONOMICS AND ACCOUNTING  Diploma in Business  Bachelor in Accounting (Honours)  Bachelor of Business (Finance) (Honours)  Bachelor in Marketing (Honours)  Bachelor of Business Psychology (Hons)  Bachelor of Business (Entrepreneurship) (Honours)  Bachelor in International Business (Honours)  Bachelor of Business (Human Resource Management)		FACULTY OF BEHAVIORAL SCIENCES  Bachelor of Psychology (Honours)  DEPARTMENT OF EDUCATION  Diploma in Education  Diploma in Early Childhood Education  Bachelor of Early Childhood Education (Honours)  DEPARTMENT OF ENGLISH  MUET Preparatory Course (MPC)		
<ul> <li>(Honours)</li> <li>Bachelor of Business Analytics (Honours)</li> <li>Bachelor of Management (Honours)</li> <li>Bachelor of Economics (Honours)</li> </ul>		☐ Others:		
SCHOOL OF HOSPITALITY AND TOURISM  ☐ Bachelor in Hospitality Management ☐ Bachelor of Tourism Management(				
		1		
Have you made any previous application	ons to the HELP Group? [	□ NO □ YES, pl	ease specify:	
How did you know about HELP and its	programmes? Please sp	ecify:		

Were you previously a registered student at any other educational institution in Malaysia?  $\ \square$  NO  $\ \square$  YES

If yes, specify name of institution and year(s)

#### Note:

- 1. All sections must be completed including the necessary signature(s) in the relevant sections.
- 2. Attach a set of certified copies of all academic qualifications, a passport-size photograph and a copy of your IC.
- 3. Copies of documents and photographs submitted will be filed for our record purposes and will not be returned, even if the applicant decides not to continue with his/her application after submission. All information and documents given will be kept in confidence and in accordance with the Personal Data Protection Act 2010.
- 4. Enclose the non-refundable application fee made payable to either HELP University Sdn Bhd, or HELP Academy Sdn Bhd as the case may be.
- 5. Failure to comply with these procedures may result in a delay in processing this application.

FULL NAME (as in NRIC)				
RACE (Required by Ministry of Education)	MARITAL STATUS	GENDER		
☐ Malay ☐ Chinese ☐ Indian	☐ Single	☐ Male		
☐ Others, please specify	☐ Married	☐ Female		
NATIONAL IDENTITY CARD NO.				
CORRESPONDENCE ADDRESS				
TEL. NO. (MOBILE)	TEL. NO. (OFFICE)	TEL. NO. (HOME)		
POSTCODE / ZIP CODE	EMAIL			
PERMANENT ADDRESS (if different from corresponde	ence address above)			
TEL. NO. (MOBILE)	TEL. NO. (OFFICE)	TEL. NO. (HOME)		
POSTCODE / ZIP CODE	EMAIL			
Do you have any medical condition(s) or disability/di	sabilities that require(s) spe	cial assistance?		
B   DETAILS OF PARENTS, GUARDIAN OR NEXT (	<b>DF KIN</b> Please use BLOCK LI	ETTERS and underline surname		
1. NAME OF FATHER / GUARDIAN				
CORRESPONDENCE ADDRESS				
TEL. NO. (MOBILE)	TEL. NO. (HOME)			
POSTCODE / ZIP CODE	EMAIL			
2. NAME OF MOTHER / GUARDIAN				
CORRESPONDENCE ADDRESS				
CONNECTION ADDRESS				
TEL. NO. (MOBILE)	TEL. NO. (HOME)			
POSTCODE / ZIP CODE	EMAIL			

## **HELP UNIVERSITY SDN BHD** Company Registration Number: 198201005211(84963-D) | MoHE Approval Number: DU028(W)

No. 15, Jalan Sri Semantan 1, Off Jalan Semantan, Bukit Damansara, 50490 Kuala Lumpur. Tel: +6012-928 0864

**ELM Business School** 

### **Subang Bestari Campus**

Persiaran Cakerawala, Subang Bestari, Seksyen U4, 40150 Shah Alam, Selangor. Tel: +6012-928 0864

3. NAME OF GUARDIAN / NEXT OF KIN (If not Father or Mother)						
CORRESPONDENCE ADDRESS						
			/a==:a=\		No ///	
TEL. NO. (MOBILE)		TEL. NO. (	(OFFICE)	Т	EL. NO. (H	OME)
POSTCODE / ZIP CODE		EMAIL				
C   FINANCIAL RESOURCES Please enter details of spon fees are sponsored by instit						ise by the said sponsor. If
NAME OF SPONSOR (if not Father	or Mother)					
CORRESPONDENCE ADDRESS						
	1		ı			
TEL. NO. (MOBILE)	TEL. NO. (OFFICE)		TEL. NO. (F/	AX)	TEL. N	NO. (HOUSE)
RELATIONSHIP		EMAIL				
ADDITIONAL INFORMATION (for B4	(O(M(O(TOO TURBOOO)					
D   ACADEMIC QUALIFICATION Please state ALL the relevation or original transcripts of all certified English translated	nt academic qualificati official results (includi copies if the qualificati	ng the grad	ding system) languages o	must be attached ther than English)		olication. Please provide
NAME OF COUR	RSE		NAME OF	INSTITUTION		YEAR OF COMPLETION
ENGLISH LANGUAGE ACHIEVEMEN	TS TOEFL, level		ELTS, band .		please sp	pecify
T I NON AGADEMIC CHALLE		ENTO				
Flease provide any information in the field of Arts, Sports etc, including work experience that is relevant for special consideration.						
GAMES/SOCIET	ries .	POSITI	ON HELD	LEVEL School, State, Nat International		YEAR OF COMPLETION
F   ACCOMMODATION						
Required Not Required			odation App	modation, please of lication Form and		the Student together with this

**HELP ACADEMY SDN BHD** Company Registration Number: 200501018088 (700201-H) | MoHE Approval Number: DK341(W) **ELM Business School (Level 9)** 

### **F** G | DECLARATION

- I certify that the information given herein is true and correct, and I acknowledge that any false and/or incorrect information or documentary evidence may result in the cancellation of my enrolment in the programme of study.
- 2. I understand that the offer letter issued to me will become void if I fail to submit all the relevant documents and pay the required course fees by the due date.
- 3. Lagree to inform the Registrar in writing of any change in the information given herein, and I understand that HELP will not be held liable as a result of my failure to do so.
- 4. I understand and agree that HELP shall forfeit the security deposit paid by me if I remain inactive for one year without notifying the Registrar in writing.
- 5. I understand and agree that HELP shall cancel my student visa and notify the relevant government agencies/bodies if I remain inactive for one year without notifying the Registrar in writing.
- 6. I understand and agree that any fees, deposits and/or monies due to me that remain unclaimed for a period of one year or more from the date of my becoming inactive in my program of study, will be transferred to any nominated education or charitable fund without further reference to me.
- I understand and agree to use the technology resources and facilities at HELP for educational, academic research and study purposes only, and HELP shall not be held liable for any violation of rules and regulations relating to those resources perpetuated by me.
- 8. I hereby agree and authorise HELP to release my personal information given herein to any authorised agencies and/or bodies of HELP or its business partners for the purpose of enrolment, educational evaluation, transfer of courses and any other administrative process; and to any relevant government bodies/agencies for enforcement of the law.
- 9. I authorise and grant HELP the right to use my personal information such as name, credentials, academic record, image, and spoken and written records of my activities at HELP, in posters, leaflets, brochures, advertisements, websites, films, electronic recordings and the like for the marketing and promotion of HELP's corporate image and programs of study, and/or any purposes incidental to it.
- 10.I understand and agree that HELP shall release my examination results and my academic record to my parents and/or sponsor(s) as and when it is deemed necessary.
- 11. I understand and agree to comply with all policies, rules and regulations of HELP, including the rules and regulations of the respective departments, during my programme of study at HELP.
- 12. I hereby declare that I have read and understood all the terms herein and agree to abide by them, if I am issued an offer letter to pursue the course I have applied for and I accept the same.

Applicant's Signature	Applicant's Name	Date		
H   DECLARATION BY PARENT / GUARDIAN / SPONSO	R IF THE APPLICANT IS BELOW 18 YEARS	S OF AGE		
I, hereby undertake to guarantee the good conduct of the applicant				
(student's name	, reference no) w			
is studying at HELP University / HELP Academy. I also agree to pay all fees by the due date to the institution on his / her				
behalf in accordance with the regulations of HELP University / HELP Academy.				
Signature of Parent / Guardian / Sponsor	Relationship	Date		

FOR OFFICE USE ONLY			
RECRUITMENT AGENT, IF APPLICABLE Please print name in BLOCK LETTERS	EDUCATION ADVISOR Please print name in BLOCK LETTERS	APPLICATION RECEIVED BY	
Date	Date	Date	
Application approved by: HOD / Author Name and Signature	☐ Firm Offer ☐ Conditional Offer - Forecast Results ☐ Conditional Offer - see comments		
Date in:	Date out:	Rejection / Reject Letter	
Comments			
English requirement:  Yes  No			